

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035647

FILED VS NOV 12 1959 88

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. **5330** Registrar's No. **41**

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY CRAWFORD		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE TWP.		a. STATE MISSOURI b. COUNTY CRAWFORD		c. CITY OR TOWN OSAGE TWP.	
Length of stay in 1b 46 YRS.		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 MI. S.E. CHERRYVILLE, MO.		d. STREET ADDRESS (If outside, give location) 5 MI. S.E. CHERRYVILLE, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First ROSA Middle BELLE Last GREEN				4. DATE OF DEATH Month OCT. Day 30 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-21-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) CHERRYVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM HARRIS		13b. MOTHER'S MAIDEN NAME AVIS PYATT		14. NAME OF HUSBAND OR WIFE IRVIN GREEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY MO. NONE		17. INFORMANT Address IRVIN GREEN - CHERRYVILLE, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Carcinomatosis						4 yrs	
DUE TO (b) Uterine carcinoma							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity & hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to Oct. 23, 1959 and last saw her alive on Oct. 23, 1959 . Death occurred at 12:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) Dr				22b. ADDRESS Steelville Mo		22c. DATE SIGNED 10/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-1-1959	23c. NAME OF CEMETERY OR CREMATORY DAVISVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) DAVISVILLE, MO.		
24. FUNERAL DIRECTOR Samuel Albert - STEELVILLE, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11/1/59	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 21 AON SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Thomas D. Halbert

Licensed Embalmer No. 4337

P. O. Address Steele

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.